

MAP of Chicago

12356 La Trobe Alsip, IL 60803
 Ph: 708-389-6600 Fax: 708-389-6653



Credit Application

Firm Name (Billing Address)		Phone #	Fax #
Street		P.O. Box	
City	State	ZIP	
Full Name of Owner or Owners (Or an Authorized Officer or Corporation) List Home Address and ZIP Code			
NAME	ADDRESS	TITLE	
Please Check One	Individual	Partnership	Corporation
	Fed Tax # (Corporation)		Wife's Name - (Individual Only)
If Incorporated, State in which Incorporated		Social Security # (For Partnerships or Individual)	
Type of Business		Date Started	
Name of Bank	Contact	Account #	
Address		Phone #	
City	State	ZIP	
Trade References			
NAME	ADDRESS	PHONE #	

Is Purchase Order Required? Yes No

Resale Tax # _____ Special Instructions _____

Attach Copy of Sales Tax Certification or Exemption

This is your Credit Contract

How much Credit on Open Account do you Require per Month? _____ Firm Name _____

Office Use Only:

By _____
 Must be signed by an Officer or Principal of Firm

Salesman Initials _____	Qualified Acct _____
Online Ordering -- WIP Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Viewable Location on WIP <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40	

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ALL INVOICES ARE DUE ON OR BEFORE THE THIRTIETH(30TH) OF THE MONTH FOLLOWING THE DATE OF PURCHASE. ONE AND A HALF PERCENT (1 1/2%) PER MONTH LATE CHARGE IS ADDED TO ALL DELINQUENT INVOICES. THIS IS AN ANNUAL RATE OF EIGHTEEN PERCENT. LATE CHARGES ARE ADDED AND BECOME PART OF THE PRINCIPLE OBLIGATION TO MAP.

ALL ACCOUNTS ARE PLACED ON A C.O.D. BASIS WHEN BECOMING THIRTY (30) DAYS PAST DUE. IF AN ACCOUNT BECOMES SIXTY (60) DAYS PAST DUE, THE ACCOUNT IS PLACED PERMANENTLY ON A COD BASIS. THIS ACCOUNT MUST BE PAID IN FULL EACH MONTH. PAYMENTS MAY NOT BE WITHHELD FOR AN ANTICIPATED CORE RETURNS OR PENDING WARRANTY.

THE PURCHASER AGREES TO PAY ALL ATTORNEY FEES AND/OR COURT COSTS AS MAY BE DEEMED REASONABLE IN THE EVENT LEGAL ACTION BECOMES NECESSARY TO COLLECT ANY OUTSTANDING BALANCE.

THE PARTY OR PARTIES SIGNING THIS APPLICATION CERTIFY THAT THE NAME OF THE FIRM AS STATED ABOVE IS CORRECT, THAT THE FIRM IS NOT INSOLVENT, AND THAT IF THE FIRM IS A CORPORATION, IT IS IN GOOD STANDING IN THEIR STATE OF INCORPORATION AND THE STATES THEY ARE AUTHORIZED TO DO BUSINESS

THE ABOVE INFORMATION, AS WELL AS THAT GIVEN ON THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY

FOR OFFICE USE ONLY

Customer Number _____ Salesman's ID # _____ Name _____

Credit Limit _____ Ship to Code _____

Special Instructions



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name MAP Automotive of Chicago

2 Business address 12356 La Trobe

<u>Alsip</u>	<u>IL</u>	<u>60803</u>
City	State	Zip

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

_____	_____	_____
City	State	Zip

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Registration number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____%, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature

____/____/____
Date